

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	11-193
	First Inventor or Application Identifier	SATO
	Title	PORTABLE INFORMATION TERMINAL
	Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450
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1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages **17**]
-Descriptive title of the Invention
-Cross Reference to Related Applications
-Background of the Invention
-Summary of the Invention
-Brief Description of the Drawings
-Detailed Description of the Preferred Embodiment
-Claims
-Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **7**]
4. Oath or Declaration [Total Sheets **3**]
a. ☒ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 C.F.R. § 1.63 (d))
(for continuation/divisional with Box 16 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

***NOTE FOR ITEMS 1 & 13:** IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Copy
b. ☐ Paper Copy (identical to computer copy)
c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(should be specifically itemized)
*Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired
13. ☐ (PTO/SB/09-12)
14. ☒ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other:

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner: _____

Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label  or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	PATENT TRADEMARK OFFICE			
Address				
City	State	Zip Code		
Country	Telephone	(703) 707-9110	Fax	(703) 707-9112

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Date	August 20, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22313-1450.

13281 U.S. PTO
08/20/03

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 5px 0;"><i>Patent fees are subject to annual revision.</i></p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td style="text-align: center;">August 20, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td style="text-align: center;">SATO</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group/Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td style="text-align: center;">11-193</td> </tr> </table>		Application Number		Filing Date	August 20, 2003	First Named Inventor	SATO	Examiner Name		Group/Art Unit		Attorney Docket No.	11-193
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$) 790														

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																								
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 50-1147</p> <p>Deposit Account Name: POSZ & BETHARDS, PLC</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(703) 707-9110
		Date	August 20, 2003

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